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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.	
10/082,415	02/26/2002		Michael J. Pugia		017191.0003 (MSA-2645) 8582	
TITLE OF INVENTION: METHOD AND APPARATUS FOR PRECISE TRANSFER AND MANIPULATION OF FLUIDS BY CENTRIFUGAL AND/OR						
CAPILLARY FORCES						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	E DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/25/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
SIEFKE, SAMUEL P		1797	422-072000			
 Change of correspondent CFR 1.363). 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1. Howold N. Well's			
Uchange of correspondence address (or Change of Correspondence or agents OR, alternatively,						A tall or
☐ "Fee Address" indication (or "Fee Address" Indication form register				gle firm (having as a : r agent) and the name	s of up to	A. TOTTACK
PTO/SB/47; Rev 03-02 Number is required.	or more recent) attach	ed. Use of a Customer	2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or	ype)		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFK 3.11. Completion of this form is NOT a substitute for filling an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Siemens Healthcare Diagnostics Inc. Tarrytown NY						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
rease check the appropriate assigned category of categories (will not be primed on the patent): The assignment of the comparison of other private group entity of covernment of the comparison of other private group entity of covernment of the co						
4a. The following fee(s) are	e submitted:	4		y previously paid issue fee	shown above)	
					de anno de a d	
Advance Order - # c			Dyment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit account Number 19.2119 (enclose an extra copy of this form).			
5. Change in Entity Status	s (from status indicates	f above)	o organization of	Posit / Recount / Gilloci	Trail (enclose)	an extra copy of this form).
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (If required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in						
NOTE: The Issue Fee and I interest as shown by the rec	Publication Fee (if requords of the United Sta	aired) will not be accepte tes Patent and Trademark	d from anyone other than c Office.	the applicant; a regist	tered attorney or agent; or t	he assignee or other party in
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This collection of information is required by 3T CFR, 1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is generated by \$15 U.S.C. 122 and \$7 CFR, 1414 face election is extinated to take IZ Translates to complete the substitution of the process as submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on orders, uncluding galacting, preparing, and this form and/or suggestions for reducing this burden, should be sent to the facility of the information of Translates. Any comments on application for the process grade in the process of th						

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